

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period November 1 to November 30, 2010

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 12/13/10
(date)

Debtor(s)*: Prevalence Health, LLC

By:** H. K. Lefoldt, Jr.

Position: Liquidating Trustee

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED November 30, 2010

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 499,937			
February	\$ 763,379			
March	\$ 601,386			
Total				
1st Quarter	\$ 1,864,702	\$ 6,500	61434	4/26/10
April	\$ 436,370			
May	\$ 567,203			
June	\$ 398,040			
Total				
2nd Quarter	\$ 1,401,613	\$ 6,500	61435	7/29/10
July	\$ 149,406			
August	\$ 87,482			
September	\$ 13,035			
Total				
3rd Quarter	\$ 249,923	\$ 1,950		
October	\$ 13,962			
November	\$ 1,169			
December	\$			
Total				
4th Quarter	\$	\$		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00066649 01 AV 0.335 001
PREVALENCE HEALTH LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE NO#09-02016-EE
ATTN H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 0101894579

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Enclosures 26
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COMMERCIAL ANALYZED CHECKING

October 30, 2010 through November 30, 2010

SUMMARY

Beginning Balance	\$32.30	Minimum Balance	\$8
Deposits & Credits	\$0.00 +		
Withdrawals	\$0.00 -		
Fees	\$23.80 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$8.50		

FEES

11/09	Analysis Charge	10-10	23.80
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
11/09	8.50				

You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!

**REGIONS**

Regions Bank

Case 09-02016-ee Doc 239

Filed 12/14/10

Entered 12/14/10 09:19:52

Desc Main

Document

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Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00066675 01 AV 0.335 001

PREVALENCE HEALTH LLC

ATTN: H KENNETH LEFOLDT JR

PO BOX 2848

RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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COMMERCIAL ANALYZED CHECKING

October 30, 2010 through November 30, 2010

SUMMARY

Beginning Balance	\$369,174.06	Minimum Balance	\$369,111
Deposits & Credits	\$9,375.71	+	
Withdrawals	\$862.25	-	
Fees	\$283.13	-	
Automatic Transfers	\$0.00	+	
Checks	\$0.00	-	
Ending Balance	\$377,404.39		

DEPOSITS & CREDITS

11/03	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	42.18
11/04	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101030	1,155.90
11/12	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101106	1,487.84
11/17	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	179.34
11/18	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101113	4,739.21
11/24	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	337.38
11/26	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101120	1,433.86
Total Deposits & Credits		\$9,375.71

WITHDRAWALS

11/02	Merchant Service Merch Fee Health Allianc 8003547554	62.25
11/04	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
11/17	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
11/26	Pitney Bowes Postage Debtor IN Poss 42906255	400.00
Total Withdrawals		\$862.25

FEES

11/09	Analysis Charge	10-10	283.13
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
11/02	369,111.81	11/09	369,826.76	11/18	376,033.15
11/03	369,153.99	11/12	371,314.60	11/24	376,370.53
11/04	370,109.89	11/17	371,293.94	11/26	377,404.39

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence